

Office of Charitable Gaming
P.O. Box 98502, Baton Rouge, LA 70884
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

Video Gaming Device Permit **Please complete an application for each device**

Submit with every new or renewal application: 1. A copy of the lease agreement with the Organization. 2. Non-refundable \$600 permit fee. Make check payable to Office of Charitable Gaming. In lieu of the entire annual payment, submit \$50 for the first month(s) and \$50 by the 15 th of each month thereafter. New Permit Mew Perm								
Please type or print all in	formation.					Diatribut	ear Liaamaa Niyeshay	
Distributor						DISTIDUT	Distributor License Number	
Physical Address (Street, City, State, Zip Code)						Distribut	Distributor's Phone Number	
Contact Person						Contact	Contact's Phone Number	
Device Make	e Make Device M				EVM P (if applic	ermit Number cable)	Effective Date	
Current Location of Device	Current Address			Current	Current Location License Number			
Request to Move Device to:		New Location Address				New Lo	New Location License Number	
Authorized Representative (Print)	Signature of Authorized Representative			Date	Daytime Phone Number			
Provide the name and license number of each organization leasing this devic					e. You may use an attached list if necessary. License Number			
Do not write below this line. For office use only.								
Permit Number	Number	CO DOIOW HIIS I	Amount	Rece		ipt		
Signature of personnel authorized to approve transportation of device Date								